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Pages: 13

To: Examiner Coung H. Nguyen

From: David Posz

Company: USPTO, AU 3661

Fax No.: 571-273-8300

Subject: Rule 111 Amendment

Comments:

Applicants: Kouchiyama

Serial No.: 10/769,759

Filed: February 3, 2004

Title: VEHICLE NAVIGATION
SYSTEM

Atty. Dkt.: 01-546

Art Unit: 3661

Examiner: Coung H. Nguyen

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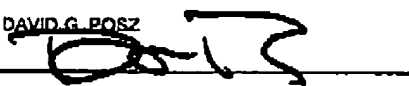
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Based on PTO/SB/21

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/769,759
	Filing Date	February 3, 2004
	First Named Inventor	KOUCHIYAMA
	Group Art Unit	3661
	Examiner Name	NGUYEN, COUNG H
	Attorney Docket Number	01-546

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	David G. Posz (Reg. No. 37,701) Posz Law Group, PLC	
Signature		
Date	August 24, 2005	

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PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0851-0032

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Effective on 12/8/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**
For FY 2005**Complete If Known**

<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27	Application Number	10/769,759	RECEIVED
TOTAL AMOUNT OF PAYMENT	Filing Date	02/03/2004	CENTRAL FAX
(\$ 450)	First Named Inventor	KOUCHIYAMA	AUG 24
	Examiner Name	NGYEN, CONUNG H	
	Art Unit	3661	
	Attorney Docket No.	01-546	

METHOD OF PAYMENT (check all that apply)

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims		
22 - 20 or HP = 0 x \$50.00 = \$ 0.00		
HP = Highest number of total claims paid for, if greater than 20		
Indep. Claims		
3 - 3 or HP = 1 x \$200.00 = \$ 0.00		
HP = Highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
100 = 0 / 50 = 0 (round up to a whole number) x \$250.00 = \$ 0.00				

4. OTHER FEE(S)Non-English Specification, \$130 fee (no small entity discount)
Other: 2-month Extension Fee**\$450.00****SUBMITTED BY**

Signature	<u>DAVID G. POSZ</u>	Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-8110
Name (Print/Type)	DAVID G. POSZ	Date	August 24, 2005		

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